U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Administration Office of Labor-Management Standards Washington, DC 20210 FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUC	CTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
For Official Use Only 1. FILE NUMBER 2. PE	RIOD COVERED 3. (a) AMENDED — If this is an amended report correcting a previously
E SOLES OF PROCESS OF THE PROCESS OF	m DAY YEAR filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
E QUMS OFF	8. MAILING ADDRESS
	First Name
	ROBERT
	TUNSTALL
	P.O. Box · Building and Room Number (if any)
	MOE BILLER BUILDING
4. AFFILIATION OR ORGANIZATION NAME	Number and Street
POSTAL WORKERS, AMERICAN, AFL-CIO	1300 I STREET N W
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUM NUM	MBER L
NHQ	WASHINGTON
7. UNIT NAME (if any)	WASHINGION
9. Are your organization's records kept at its mailing address? Yes X No. (If "No," provide address in Item 75.) No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	State ZIP Code + 4 D C 2 0 0 0 5 -
75. ADDITIONAL INFORMATION	
Item Number	
Each of the undersigned, duly authorized officers of the above labor organization, declare accompanying documents) has been examined by the signatory and is, to the best of the	es, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)
76. \$11. Pursons PR	RESIDENT 77, SIGNED: Robert L. Turns toll TREASURER
JOIGNED.	f other title
3/26/03 202-842-4d06 se	ee instructions.) 3/26/63 Date 3/26/63 Telephone Number

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1 40 - Haya a Maybaidiam, amaanimatiaaN aa datimad in	Yes No	18. How many members did your organization have at the end of the reporting period? 19. What is the date of your organization's next regular election of officers? 2 9 2 9 0 1 MO YEAR 1 0 2 0 0 4 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?	X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	(a) Regular Dues/Fees Rates of Dues and Fees 7.18 per BI WEEKLY (Month, Year, etc.)
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	(b) Initiation Fees (c) Transfer Fees \$ NONE NONE
15. Discover any loss or shortage of funds or other property?	X	(d) Work Permits NONE per NONE (Month, Year, etc.)
 (Answer "Yes" even if there has been repayment or recovery.) 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? 		22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions? (If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
Liquidate or reduce any liabilities without disbursement of cash?		23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
		24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro- in Item 75 as explained in the instructions for each item.)	vide details	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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FILE NUMBER: 0 0 0 - 5 1 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		5 7 7 6 8 9 9	3 2 9 0 8 7
	26. Accounts Receivable		4 2 7 8 5 5	4 5 6 2 2 5
STE	27. Loans Receivable	1	5 0 7 7 2	0
ASSETS	28. U.S. Treasury Securities		3 0 6 8 3 2 5	1 5 6 5 5 5 2
	29. Investments	2	3 2 2 2 1 5 8	8 0 5 2 0 2 5
	30. Fixed Assets	5	1 8 4 3 1 0 9 2	1 9 3 1 2 8 9 6
	31. Other Assets	3	4 3 1 7 8	2 9 6 1 6
	32. TOTAL ASSETS		3 1 0 2 0 2 7 9	2 9 7 4 5 4 0 1
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		9 4 4 6 0	0
lES .	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		7 4 9 7 1 2 1	6 9 2 4 3 6 1
F	36. Other Liabilities	4	2 7 1 7 8 0 3	2 8 7 2 4 7 9
	37. TOTAL LIABILITIES		1 0 3 0 9 3 8 4	9 7 9 6 8 4 0
	38. NET ASSETS (Item 32 less Item 37)		2 0 7 1 0 8 9 5	1 9 9 4 8 5 6 1

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FILE NUMBER: 0 0 0 - 5 1 0

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		0	56. To Officers	9	7 0 2 3 3 6 9
40. Per Capita Tax		47265744	57. To Employees	10	8 2 6 8 9 6 0
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	7 6 8 2 0 2 0
44. Work Permits		0	61. Educational & Publicity Expense		1 5 7 6 3 0 8
45. Sale of Supplies		3 5 0 6 8 6	62. Professional Fees		2 2 6 3 5 8 6
46. Interest		5 8 0 1 4 1	63. Benefits	11	5 5 9 7 3 3 1
47. Dividends		0	64. Contributions, Gifts & Grants	12	176198
48. Rents		1 1 5 6 7 1 7	65. Supplies for Resale		2 7 7 8 9 7
49. Sale of Investments & Fixed Assets	6	8 3 6 0 4 1 7	66. Direct Taxes		4 5 0 1 2 9 7
50. Loans Obtained	8	0	67. Withholding Taxes		1 2 9 3 8 7 0
51. Repayments of Loans Made	1	2 5 8 0 5	68. Purchase of Investments & Fixed Assets	7	1 3 1 8 0 5 5 1
52. On Behalf of Affiliates for Transmittal to Them		7 5 4 2 0 0 6 9	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	3 1 7 8 4 1 7	71. To Affiliates of Funds Collected on Their Behalf		7 5 2 5 8 5 5 9
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1 4 6 8 5 8 6 2
55. TOTAL RECEIPTS		1 3 6 3 3 7 9 9 6	74. TOTAL DISBURSEMENTS		1 4 1 7 8 5 8 0 8

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting	Loans		Repayments Receive	Loans	
period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
Name: BRUCE BAILEY Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	270	0	2 7 0	0	0
2. Name: ROY BRAUNSTEIN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	5 3 8	0	5 3 8	0	0
3. Name: JAMES BROWN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1 0 0 0	0	3 4 7	6 5 3	0
Totals from additional pages (if any)	48964	o	2 4 6 5 0	2 4 3 1 4	0
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	5 0 7 7 2	0	2 5 8 0 5	2 4 9 6 7	0
The totals from Line 6 are entered in	Item 27	Item 69	Item 51	ltem 75with Explanation	ltem 27 Column (B)

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES) SCHEDULE 3 - OTHER ASSETS

FILE NUMBER: 0 0 0 - 5 1 0

Description (A)	Amount (B)							
Marketable Securities 1. Total Cost		7	5	3	7	1	0	1
2. Total Book Value		7	8	9	5	1	7	4
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	!			_			•	
(a)								
(b)							un _k	
(c)								
(d)								
Other Investments 4. Total Cost			1	5	6	8	5	1
5. Total Book Value			1	5	6	8	5	1
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		,						
(a)								
(b)								
(c)								
(d)							_,	
(e) Total from additional pages (if any)					_			
7. Total of Lines 2 and 5		8	0	5	2	0	2	5
The total from Line 7 is entered in		1	tem	29,	Colu	ımn	(B)	
orm LM-2 (Revised 2000)								2 -

Description (A)	Book Value (B)			
1. TENANT DEPOSITS	8	0	4	2
2. PREPAID LEASING	2 0	4	1	2
3. UTILITY DEPOSIT	1	1	6	2
4.				
5.				
6. Total from additional pages (if any)	ļ			
7. Total of Lines 1 through 6	2 9	6	1	6
The total from Line 7 is entered in	Item 31, C	olum	n (B))

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)							
1. DUES OWED TO APWU LOCALS		2	7	4	8	6	0	1
2. ABA PREMIUMS OWED				7	4	4	7	1
3. PAYROLL WITHHOLDINGS				4	0	6	1	3
ESCROW ACCOUNTS -APWU 4. AFFILIATES 5.					8	7	9	4
6. Total from additional pages (if any)								
7. Total of Lines 1 through 6		2	8	7	2	4	7	9
The total from Line 7 is entered in				tem	36, (Colu	mn (D)

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 0 - 5 1 0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1300 L STREET, NW, WASHINGTON, DC	8491361		8 4 9 1 3 6 1	0
2. Totals from additional pages (if any)	200000		200000	
3. Buildings (give location): 1300 L STREET, NW, WASH, DC	7838179	1331636	6 5 0 6 5 4 3	0
4. Totals from additional pages (if any)	2799232	2750770	48462	
5. Automobiles and Other Vehicles	8 9 6 2 4	80645	8 9 7 9	0
6. Office Furniture and Equipment	8078649	6725744	1 3 5 2 9 0 5	0
7. Other Fixed Assets	5204973	2500327	2704646	0
8. Totals of Lines 1 through 7	32702018	13389122	1 9 3 1 2 8 9 6	0
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)			
1. U.S. TREASURY SECURITIES	4132549	4132549	4204185	4204185			
CORPORATE BONDS	2650324	2650324	2674020	2674020			
3. OTHER BONDS	1461677	1461677	1481513	1481513			
4. FURNITURE AND EQUIPMENT	17 8 5 9	15737	699	699			
5. Totals from additional pages (if any)							
6. Totals of Lines 1 through 5	8262409	8260287	8360417	8360417			
	7. Less Reinvestments		-	0			
	8. Net Sales	3 6 0 4 1 7					
The total from Line 8 is entered in	The total from Line 8 is entered in						

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SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS FILE NUMBER: 0 0 0 - 5 1 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. U.S. TREASURY SECURITIES	2604331	2604331	2604331
2. CORPORATE BONDS	5501895	5501895	5501895
3. OTHER BONDS	3147289	3147289	3147289
4. FURNITURE AND EQUIPMENT	1927036	1927036	1927036
5. Totals from additional pages (if any)			!
6. Totals of Lines 1 through 5	13180551	13180551	13180551
	7. Less Reinvestments		0
	8. Net Purchases	1 3	1 8 0 5 5 1
The total from Line 8 is entered in			Item 68

SCHEDULE 8 -- LOANS PAYABLE

	L. and Others	Repayment Made	e During Period	Laure County
the Reporting Period (B) (C) (D)(1)		Other Than Cash (D)(2)	Loans Owed at End of Period (E)	
0	0	0	0	0
0	0	0	0	0
ltem 34 Column (C)	Item 50	Item 70	with Explanation	ltem 34 Column (D)
	(B) 0	Start of Period (B)	Loans Owed at Start of Period (B)	Start of Period (B)

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)	d even if	G (bef		s S								-1	C	isb fo		er ffic	-	ts			Ot	her	,								
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	othe		edi (D)		ion	s)	/		wa (E)	nce)	s			usi	nes			D	isb	urs (C	err 3)	nen	nts 				ota (H)			
BURRUS WILLIAM 1. PRESIDENT	С	1	3	8	0	2	5	 				0		2	4	3	1	1		_	1	1	5	7		1	6	3	4	9	3
BILLER MORRIS 2. PRESIDENT	P		5	б	7	6	5					0						0						0			5	6	7	6	5
GUFFEY CLIFFOR 3. EXECUTIVE VP	С	1	2	0	5	0	3			•		0		5	6	4	3	3						0		1	7	6	9	3	6
TUNSTALL ROBERT 4. SEC-TREAS	С	1	2	0	8	1	0					0		4	2	6	3	9		_		-	••	0		1	6	3	4	4	9
AKEY JOHN 5. NATL BUS AGENT	P	i		1	1	1	7					0						0						0				1	1	1	7
BAILEY BRUCE 6. NATL BUS AGENT	С		8	0	1	5	2					0		2	5	4	9	9						0		1	0	5	6	5	1
BALOGUN IDOWU 7. NATL BUS AGENT	С		8	1	7	5	5					0		3	9	2	1	4						0		1	2	0	9	6	9
8. Totals from additional pages (if any)		6	9 9	9 ′	1 4	1 3	8 6	-	3 (0 () (0	7	7	4	7	2	1	1	0	3	3	5	6		8 8	3 8	9	5	1	3
9. Totals of Lines 1 through 8		7	5 9	9 () 5	6	3	-7/118	3 (0 () (0	9	6	2	8	1	7	1	0	4	5	1	3		9 6	3 6	3 7	8	9	3
													10). L	ess	De	du	ction	าร				2	6	6	4		5	2		<u> </u>
The total from Line 11 is entered in								lt	tem	56			1	1. N	et [Dist	ours	em	ent	\$			7	0	2	3	;	3	6	(•
*Code for Status (C): past officer - P; continuing officer - C; new offi	cer during t	the reporting period - N.									((if an	y of	ficei	wa atio	s no	t ele onst	ctec	at a	reg	ular ylaw	elec	tion i plair	n ac	cord tem	anci 75.)	e wi	th			

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received mon from your organization and any affiliation) (B) Position (Enter employee's job title.)	e than \$10,000 in total disbursements les.)	(be		e t	ахє	es a	and			isbursements for Official Business			Othe				-			
(C) Name of Affiliated Organization @	f applicable)	oth	ner		duc D)	tioi	ns)	Allowances (E)		(F)		Disbu	rsen (G)	nents	•		Tot (H			
ALBANESE 1. SP AST TO PRES	STEPHEN		8			3	8			4 9 5	8			0 3		1 0	<u> </u>		9	9
ALEXANDER 2. ARB ADVOCATE NONE	JOHN		-	1 2	2 () 2	1	0		4 4 5	1			0		1	6	4	7	2
ALLEN 3. ARB ADVOCATE NONE	RAY			1	7 1	1 3	0	0		7 1 9	7			C		2	. 4	3	2	7
ALSTON 4. SECRETARY NONE	EVELYN		4	4 (3 ¹	1 0	2	0		5 5	4			O		4	6	6	5	6
ALVES 5. SECRETARY NONE	CHERYL		4	4 ;	3 7	7 2	8	0		8 5	2			0		4	4	5	8	0
Totals from additional pages (if any) Totals for all employees who, during the reposition of the second state of the second state of the second se	orting period, received your organization and	8 1	2 8	8 :	5 7	7 5		0	2	6624	1			8 2	}	9 (5 3	1	9 4	1 8
The total from Line 10 is entered in								Item 57	-	Less Deductio		ts [0 6			-	****	5 0

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 0 - 5 1 0

Description (A)	To Whom Paid (B)				ount C)	1		
1. RETIREMENT PLAN	TRUST	3	4	0	2	1	2	4
2. HEALTH INSURANCE PLAN	INSURANCE COMPANIES	1	7	2	3	6	0	7
3. LIFE INSURANCE PLAN	INSURANCE COMPANIES		2	4	3	4	2	2
4. THRIFT SAVINGS PLAN	INSURANCE COMPANIES		1	5	9	4	5	2
5. Total from additional pages (if any)				6	8	7	2	6
6. Total of Lines 1 through 5		5	5 5	9	7	3	3	1
The total from Line 6 is entered in				Ite	em 6	 i3		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)			ouni B)	t 		
1. CHARITABLE CONTRIBUTIONS		9	9	1	8	0
CEREMONIAL/COMMERORATIVE 2. EVENT		5	8	7	2	0
3. FLOWERS, GIFTS		1	8	2	9	8
4.	,		<u></u>			
5.						
6.	 					
7. Total from additional pages (if any)						
8. Total of Lines 1 through 7	1	7	6	1	9	8
The total from Line 8 is entered in	 	Ite	m 6	4		

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)				ount B)			
1. OCCUPANCY COSTS	1	1	9	5	5	5	0
2. DATA PROCESSING CHARGES	1	1	2	7	4	2	6
3. INSURANCE		3	3	6	8	2	3
4. TELEPHONE		6	6	8	4	6	8
5. POSTAGE AND DELIVARY		4	2	6	0	6	0
6. OFFICE SUPPLIES	•	5	6	6	6	2	3
7. Total from additional pages (if any)	3	3	6	1	0	7	0
8. Total of Lines 1 through 7	7	6	8	2	0	2	0
The total from Line 8 is entered in	 		. Ite	m 6()	·	

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SCHEDULE 14 - OTHER RECEIPTS

Description (A)					ount B)	:	_	
1. CONFERENCE REGISTRATION FEES				5	5	8	4	8
2. HEALTH PLAN SERVICE FEE		2	9	0	3	7	4	9
3. REC'D ON LOCAL LABOR ORG BONDS				1	0	5	5	7
4. STRIKE FUND COLLECTIONS				1	0	3	5	0
5. EXPENSE REFUNDS				8	1	0	1	1
6. BAD DEBT RECOVERY				1	6	5	8	8
7.ARBITRATION FEES				6	5	2	8	3
8. SCHOLARSHIP CONTRIBUTIONS					1	0	0	0
9. WORKERS COMP PAYMENTS				1	4	6	6	6
10. REIMBURSEMENT FROM EMPLOYEES				1	9	3	6	5
11.								
12.								
13.								
14.	1							
15.	l 			 -				
16. Total from additional pages (if any)								
17. Total of Lines 1 through 16		3	1	7	8	4	1	7
The total from Line 17 is entered in				. Ite	m 54	4		 "

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)					oun 3)	t		
CONTRACT NEGOTIATION AND 1 ARBITR'			7	9	8	4	1	9
2.CONTRACT COMPLIANCE			3	6	3	5	0	7
3.POSTAL COMMISSION HEARING			1	2	6	2	8	8
4. OFFICERS ELECTION/INSTALLATION			1	3	7	5	6	0
5. PRIVATE SECTOR ORGANIZING			3	2	6	4	0	4
6.ASSISTANCE TO STATE AFFILIATES	ļ	2	5	0	1	0	1	5
ASSISTANCE TO POSTAL PRESS 7 ASSOC			1	3	8	4	8	7
8. ASSISTANCE TO APWU AUXILLIARY				9	7	8	3	0
9.PROMOTIONAL & ORGANIZATIONAL			5	6	0	5	2	4
10. POWER MAGAZINE				3	6	6	8	6
11.CONVENTION		3	6	2	2	3	3	4
12. LEGAL SETTLEMENTS				7	6	2	1	1
13. HEARING IMPAIRED PROGRAM				5	9	8	3	4
14. COMMITTEE EXPENSES			1	6	1	8	7	7
15. NATIONAL EXECUTIVE BOARD				5	9	9	0	9
16. Total from additional pages (if any)		5	6	1	8	9	7	7
17. Total of Lines 1 through 16	1	4	6	8	5	8	6	2
The total from Line 17 is entered in				Ite	m 7	3		

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	en if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
BELL GREGORY		1 1 0 1 8 4	0	10651	0	1 2 0 8 3 5
DIR, IR DEPT	C]	,		
BELL ERNESTI	-	3 0 9 2 1	0	1 4 2 2	1500	3 3 8 4 3
NATL BUS AGENT	P					
BELL MERLIE		8 0 2 1 6	0	11264	0	9 1 4 8 0
NATL BUS AGENT	C			 		:
BLAKELY DOUGLAS		8 0 2 3 7	0	2 1 6 2 4	0	101861
NATL BUS AGENT	С					
BLOOMER ROBERT		8 1 7 5 5	0	3 3 7 3 7	0	1 1 5 4 9 2
NATL BUS AGENT	C					
BRAUNSTEIN ROY		1 1 0 1 8 4	0	2 2 3 7 0	0	1 3 2 5 5 4
DIR, LEGS DEPT	C ,			1		
BROOKS SIDNEY		2 1 5 2 3	0	0	0	2 1 5 2 3
DIR, HR DEPT	P					
BROOKS LAMONT		80216	0	16879	0	97095
NATL BUS AGENT	C		ı	}		

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)	en if	Gro (befo					ıd		ו	Dist fo	urs or C				Othe	<u></u>	-				•		
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other	de		icti			Allowances (E)		E	Bus (ine F)		5	Disburse (G)		nts			Tota (H)			
BUGARY RUSSELL			3 :	1	7	5	5	0		1	4	9	7	2			0		9	6	7	2	7
NATL BUS AGENT	C																						
BURKE JAMES		<u> </u>) (0	9	9	9	0	1	2	7	4	2	4	· -		0	1	1	8	4	2	3
REG COORDIN	С																						
CARNEY SUSAN		9	∍ ′	7	5	2	2	0	1	•	8	6	2	0			0	1	0	6	1	4	2
DIR, HR DEPT	С							:															
CASILLAS CARL			3 :	1.	7	5	5	0	1	1	7	3	2	6			0		9	9	0	8	1
NATL BUS AGENT	С																						
CHOCK NILDA			3 :	1	7	5	5	0	1	1	1	4	9	4			0		9	3	2	4	9
NATL BUS AGENT	С																						
CLARK JOHN			3 :	1	7	5	5	0	1	1	2	2	7	7			0	-	9	4	0	3	2
NATL BUS AGENT	C							ll:															
COLLINS JERRY			3 2	—– 2	6	7	9	0	1					0			0		3	2	6	7	9
NATL BUS AGENT	P																						
CONEWAY ULYSSES			7 !	—– 5	7	8	9	3 0 0 0	+	1	4	1	3	9	6 5	8	9		9	9	5	1	7
NATL BUS AGENT	C																						

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

ven if	Gross Salary (before taxes and		Disbursements for Official	Other	
Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
	7 5 7 8 9	0	1 1 4 9 0	0	87279
С					
	8 1 7 5 5	0	18904	0	100659
С					
	1 1 5 4	0	4 2 3	0	1 5 7 7
P					
	9 5 9 5 8	0	3 3 1 8 6	0	1 2 9 1 4 4
С					
-	8 0 2 2 0	0	2 2 0 1 8	0	1 0 2 2 3 8
С					
	9 4 8 1 3	0	3 6 2 8 7	1 3 9 9 2	1 4 5 0 9 2
C					
•	1 0 4 5 2 3	3 0 0 0	3 9 2 2 9	7 8 1 8	154570
P					
	8 1 7 5 5	0	2 4 8 0 3	0	106558
С					
	C C C C	Status (C)*	Status	Status other deductions	Status (C)*

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ENDING DATE OF PERIOD COVERED:

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even if						ď										Other							
Status (C)*	othe				ons	5)	-		ces	5		Вι			s	Disburseme (G)	ents						
		8 :	1	7	5	5				0		3	7 :	2 '	7 2		0	1	1	9	0	2	7
C																[
		:	1	2	3	1	•			O					0		0			1	2	3	1
Þ											ļ ŀ												
		8 6	5	5	5	5	3	0	0	0		1 '	7 4	4 (7		0	1	0	6	9	6	2
C						- [
	;	8 :	1.	7	5	5				0		;	3 5	5 9	9 8		0		9	0	3	5	3
C																							
	,	8 (0	2	1	6				0		1 .	4 8	 3 !	5 0		0		9	5	0	б	6
C																							
		3 !	 5	8	3	7				0		2	5 :		5 9		0		6	1	0	0	6
C																							
		9 (0	6	2	1	·			0		1 :	2 :	3 !	7		0	1	0	3	0	1	8
C																							
		7 '	7	2	6	5			_	0		1 :	9 (5 :	L 0		0		9	6	8	7	5
C																							
	Status (C)* C P C C C C	C Status (C)* C P C C C C C C	C (before other de other de other de other de other de other de control de co	Status other deduce other deduc	(before taxes other deduction (D) Status (C)* (D)	Status other deductions (D) C B 1 7 5 C B 6 5 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 5 C B 1 7 7 7 2 6	(before taxes and other deductions) (C)* Status (C)*	(before taxes and other deductions) (D) Status (C)*	(before taxes and other deductions) (C)* (C)* (B)	(before taxes and other deductions) (C)* (C)* (C)* (D) Allowances (E) All	(before taxes and other deductions) (D) C R 1 7 5 5 0 P R 1 7 5 5 0 C R 8 1 7 5 5 0 C R 8 1 7 5 5 0 C R 8 1 7 5 5 0 C R 8 1 7 5 5 0 C R 9 0 6 2 1 0 C R 9 0 6 2 1 0 C R 9 0 6 2 1 0 C	(before taxes and other deductions) (D) C R 1 7 5 5 0 P R 1 7 5 5 0 R 6 5 5 5 5 3 0 0 0 C R 8 1 7 5 5 0 C R 8 1 7 5 5 0 C R 9 0 6 2 1 0 C R 7 7 2 6 5 0	(before taxes and other deductions) (C)* C Representations (C)* Representations (C) (D) Representations (C) (D) Representations (C) Representations (C	(before taxes and other deductions) (C)* C Status (C)* (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(before taxes and other deductions) (D) (E) (E) (F) (F) (C)* C	C C C C C C C C C C	Status (C)* C	Status (C)* C	Status	Status	Status Other deductions Allowances For Official Business Other Disbursements Toto (H)	Status Other deductions Other deductions C	C C C C C C C C C C

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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even if	Gross Salary (before taxes and			
Status (C)*	other deductions) (D)	Allowances Busines (E) (F)	Disbursements (G)	Total (H)
	8 1 7 5 5	0 139	7 5 0	95730
С				
	8 1 7 5 5	0 2 9 5	7 5 0	1 1 1 3 3 0
C				
	9 5 8 5 5	0 4 0 3	4 5 2 3 7 2 6	1 5 9 9 2 6
C				
 -	8 1 7 5 5	0 2 2 6	0 3 0	104358
C				
, <u> </u>	7 5 7 8 9	0 3 4 9	1 7 0	1 1 0 7 0 6
C				
	27126	0	0 0	2 7 1 2 6
P				
	8 1 7 5 5	0 16	7 8 0	8 3 4 3 3
C				
	4 4 0 2 7	0	0 0	4 4 0 2 7
P				
	Status (C)* C C C	(before taxes and other deductions) (D) Status (C)*	(before taxes and other deductions) (C)* Status (C)*	Status

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)	en if	Gross Salary (before taxes and	i	Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
LISENBE SAM		80216	0	3 7 3 0 7	0	1 1 7 5 2 3
NATL BUS AGENT	C					
LUKOSUS STEPHEN		80216	0	1 3 6 8 4	0	93900
NATL BUS AGENT	C			}		
LYONS BENJAMI	<u>-</u>	8 1 7 5 5	0	1 4 8 9 4	0	96649
NATL BUS AGENT	С					
MADDOX KAREN		4 3 9	0	0	0	4 3 9
ACT NATL B AGEN	P			}		
MAIER THOMAS	· <u></u> -	2 4 6 7 0	0	687	5 9 6 7	3 1 3 2 4
NATL BUS AGENT	P					
MARTIN JEROME		8 1 7 5 5	0	1 0 2 4 7	0	9 2 0 0 2
NATL BUS AGENT	С					
MARTINEZ TERRY		1 1 4 0 7	0	2496	0	1 3 9 0 3
NATL BUS AGENT	N			!		
MCCARTHY JAMES	·	1 0 9 8 3 1	0	28145	0	1 3 7 9 7 6
DIR CLERK DIV	C					
	С	1 0 9 8 3 1	0	28145	0	1 3 7 9 7

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)		(be		ta:	xes	ar	nd						or (Off	icia	al)the								
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	oth		ledi (D)		ion	s)	Allowa (E		ces		E		sin (F)	es	s	Dis		rse (G)		nts			Tot (H			
MCKEITHEN GEORGE	,			1	2	0	1			(0					0			1	2	0	1
SP AST TO PRES	P																										
MCLENNAN SHIRLEY			8	0	2	1	6	3	0	0 0	5	1	3	4	. C	9		2	0	5	5		9	8	6	8	0
NATL BUS AGENT	C																										
MELLEN WILLIAM			7	8	7	4	1			(5	1	7	' C) 5	5 4					0		9	5	7	9	5
NATL BUS AGENT	С																										
MEROW MARILYN			8	1	7	5	5			(5	1	4	: 1	. 1	. 7					0		9	5	8	7	2
NATL BUS AGENT	С										İ																
MIROWSKI DOUGLAS			8	1	7	5	5			(5	2	2	5	5 2	2 7					0	1	. 0	4	2	8	2
NATL BUS AGENT	C																										
MOFFETT JAMES					3	3	8			(7		4	. 8	3 5	8	-				0			5	1	9	6
NATL BUS AGENT	С																										
MOORE RAYDELL			3	0	3	1	3	3	0	0 0	5	1	1	. 4	. 7	7 5	2	7	5	5	4		7	2	3	4	2
REG COORD	P																										
MORRIS MICHAEL		1	0	2	9	0	2			(,	3	4	: 5	5 5	5 6		1	8	2	1	1	. 3	9	2	7	9
AST DIR CRK DV	С																										

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POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	en if	(be	Gro:]	1	Dist fo	our:				Other						
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	oth	ero	ied (D		ion	s)	Allowances (E)		E	Bus (ine F)	ess	i 	Disbursements (G)			To (F			
NESMITH RONALD		_	8	1	7	5	5	0		1	6	3	3	3	0		9	8	0	8	8
NATL BUS AGENT	P																				
OBRIEN THOMAS			8	0	2	1	6	0	1	1	6	2	4	2	0		9	6	4		8
NATL BUS AGENT	С								1												
OLUMEKOR NANCY			7	8	7	4	1	a	1	1	6	5	6	5	0		9	5	3	C	6
NATL BUS AGENT	С														<u> </u> -						
ORTIZ ALBERTO		_	7	5	7	8	9	0	1		8	3	8	1	0		8	3 4	1	. 7	, 0
NATL BUS AGENT	С								1						;						
PEASE KENYON	-			1	2	9	8	0	1					0	0			1	. 2	9	8 8
NATL BUS AGENT	P																				
PERSAILS LEO			3	3	7	0	5	0	1					0	0			3	7		5
REG COORD	P	1																			
POFERL GREG			8	1	7	5	5	0	1	3	6	2	8	5	0	1	. 1	. 8	. 0	4	. 0
NATL BUS AGENT	С	l						! 								ļ					
POWELL ELIZABE		<u> </u>	9	0	9	1	3	0	1	2	4	6	6	0	0	1	. 1	. 5	5	7	7 3
REG COORD	C ,															ļ					

POSTAL WORKERS, AMERICAN, AFL-CIO

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(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.) (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status	(be:		e ta	xes uct	a	nd	Allowances (E)			r O	ffic	ial	ts	Oth Disburse (G	em					Fota			
POWERS DANIEL	1 (3)		2	÷-	3		6	(_)	+			<u> </u>		,		<u>′</u>	0	\dagger			8		3	6
NATL BUS AGENT	P																							
PRITCHARD ROBERT		1	0	3	0	 5	7	0	+	3	6	0	9	1			0	†	1	3	9	1	4	 8
DIR MOTOR DIV	С							F 																
RAYMER STEVEN		1	0	0	2	9	0	0	,	2	7	9	1	4			0		1	2	8	2	0	4
DIR MAINT DIV	С													ĺ										
REID MICHAEL	<u></u> -	1	0	3	0	5	7	0		1	6	1	2	5			0		1	1	9	1	8	2
LEGIS AIDE	С																							
RICHARDSON PAMELA			8	0	2	1	6	3000	,	1	8	3	4	4			0		1	0	1	5	6	0
NATL BUS AGENT	C																							
ROBBINS CHARLES			7	5	7	8	9	3 0 0 0	+	3	9	9	2	4	3		4 2	1	1	2	1	7	5	<u> </u>
NATL BUS AGENT	С													ľ										
ROBINSON JOYCE	- -		9	7	3	1	1	0	+	1	4	9	2	2			0		1	1	2	2	3	3
DIR RESEARCH DV	С																							
RODRIQUEZ CARLOS	- -i		3	3	4	б	2	0	+				_	0	3 (0 0	\dagger		3	6	4	6	2
NATL BUS AGENT	₽													1										
								<u> </u>	4					4		_		↓ _				_		

POSTAL WORKERS, AMERICAN, AFL-CIO

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(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)	en if	(b	Gro								isbi			ents ial	Other							
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	ot	her		du D)	ctic	ons	s)	Allowances (E)		В	usii (F		ss	Disbursements (G)				Fota (H)			
ROMERO FRANK		:	1 0	2	2 1	8	8	3	0			5	7	7 1	0		1	0	8	6	5	4
DIR ORG DEPT	С									1												-
RORMAN TROY			7	' 5	5 (6	0	8	0	T	4	0	6	9 6	0		1	1	б	3	0	4
NATL BUS AGENT	С																					
SANDERS FRANKIE			8	1	_ (6	2	7	0	\dagger	3	5	4	8 7	0		1	1	7	1	1	4
NATL BUS AGENT	С																					
SCOGGINS JAMES			7	' 9	• :	2	4	0	0	\dagger		4	1	5 5	0			8	3	3	9	5
NATL BUS AGENT	С																					
SEARS EDDIE				9	•		6	9	0	†			_	0	0				9	6	6	9
NATL BUS AGENT	P																					
SHEPARD RICHARD			8	C) :	2	1	6	0	T	1	0	 2	3 2	0			9	0	4	4	8
NATL BUS AGENT	С																					
SMITH JOHN	-		8	1		7	5	5	0	\dagger	1	4	3	4 7	0			9	6	1	0	2
NATL BUS AGENT	С																					
STAPLETON TERRY			9	5	5 .	7	0	0	3 0 0 0	\dagger	5	8	0	1 8	0		1	5	6	7	1	8
REG COORD	С																					
		 								\perp				_	 	 						

POSTAL WORKERS, AMERICAN, AFL-CIO

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12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

ven if												D							0	the	r							
Status (C)*	oth	er o			ion	ıs)					es		В			ess		Dis			ner	nts_				_		
		8	7	7	9	2	Γ	3	3 () (0	Γ	3	0	4	6	0		_			0	1	2	1	2	5	2
С																		İ					İ					
	1	0	2	9	6	0	1	<u>.</u>			0	+	3	0	3	6	7				<u></u>	0	1	3	3	3	2	7
С																	ı											
		8	5	9	4	6	†	-	3 () (0	<u> </u>	4	8	6	0	5	-	6	2	9	2	1	4	3	8	4	3
C																												
		8	1	7	5	5	1				0	1	5	0	7	3	5	-			_	0	1	3	2	4	9	0
C																							!					
		7	5	7	8	9	1				0	1	2	3	5	0	0			_		0		9	9	2	8	9
C																												
		8	1	7	5	5					0	1	1	0	5	8	1	-				0		9	2	3	3	6
C																							!					
		3	3	4	7	8	 	-			0	1					0				-	0		3	3	4	7	8
P																	:											
		7	7	2	6	5	\dagger		_	_	0	†		7	6	4	0			-		0		8	4	9	0	5
C																												
	C C C	C C C P	Status (C)*	Status other ded other d	Status other deduct (D)	C (before taxes an other deduction (D) C	Status (C)*	Status (C)*	Status (C)*	Status (C)*	Status (C)*	Status (C)*	Status (C)*	Status (C)* C	Status other deductions	C C C C C C C C C C	C C C C C C C C C C	C C C C C C C C C C	Status	Status (C)* C	Status (C)*	Status (C)* C Status (C)* C Status (C)* C Status (C)* C Status (C)* C Status (C)* C Status (C)* Stat	Status (c)*	Status (C)*	Status (C)*	Status	Status (C)*	Status

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements.)	en if	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
OGEL PETER		8 1 7 5 5	0	3 3 7 8 7	0	1 1 5 5 4 2
NATL BUS AGENT	С					
WILCOX CHARLES		77149	0	3 9 3 3 0	0	116479
NATL BUS AGENT	С					
WILLIAMS JOE		8 9 4	0	0	0	8 9 4
AST DIR MOTR DV	P					
WILLIAMS PATRICI		1 0 2 8 1 8	0	17888	0	1 2 0 7 0 6
AST DIR CLRK DV	С					
WILLIAMS WOODROW		8 1 7 2 6	0	16677	0	9 8 4 0 3
NATL BUS AGENT	С					
WILSON ERIC	- .	8 1 7 5 5	0	3 5 9 7 5	0	1 1 7 7 3 0
NATL BUS AGENT	C					
WOODS BILLY		7 5 7 8 9	0	2 2 9 8 0	0	98769
NATL BUS AGENT	С					
YANUZZI LOUISE		8 0 2 3 7	0	1 2 8 1 7	0	9 3 0 5 4
NATL BUS AGENT	С					

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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(A) Name (List all persons who held office during the reporting period ever they received no salary or other disbursements.)		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
ZAMANAKOS STEVE		8 1 7 5 5	0	2 2 4 2 3	0	104178
NATL BUS AGENT	С					
ZIMMERMAN VANCE		80656	0	16073	0	96729
NATL BUS AGENT	С			· •		
				 		
					ı	
<u>-</u>						
						

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received mo from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	re than \$10,000 in total disbursements ates.) (if applicable)	Gros (before other d	ta	xe uci	s ar	nd		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			tal		
AMOS STAFF ACCOUNTANT NONE	PATRICI	5	3	3 2	2 1	1 7	,	0	1999	3 5 5 0	5	5 8	3 7	' (6
ANDERSON NC CMTE NONE	STUART	1	C) :	 5	5 5		0	566	0	1	1	1		2 1
ANDERSON SECRETARY NONE	DEBRA	2	7	7 (6 () 4	•	0	0	0	2	2 7	7 6	5 (0 4
ANDERSON SECRETARY NONE	GEORGIA	4	1	1 (6 7	7 3	3	0	2 0	0	4	l 1		3 :	9 3
ANDERSON SECRETARY NONE	GLORIA	4	2	2 7	7 4	9	,	0	0	0	4	1 2	2 7	· .	4 9

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ENDING DATE OF PERIOD COVERED:

12/31/2002

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(A) Name (List all employees who received more than \$10,000 in total from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
ASHFIELD ANDREA TEMP SECRETARY NONE	3 9 0 1 4	0	0	0	39014
ATUATASI HANA ADMIN ASST NONE	47646	0	6 2 7	0	48273
BAADE CHRIST TEMP SECRETARY NONE	41634	0	1 2 6	0	41760
BAILEY ROBIN CONFD ASST NONE	8 3 1 7 8	0	5 2 2 4	0	88402
BARKSDALE RICHMO SECRETARY NONE	40416	0	2 0	0	40436

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received mor from your organization and any affilia (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (I		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
BARNES ASST TO PRES NONE	KEITH	28027	0	1359	0	29386
BARRON ARB ADVOCATE NONE	MARTIN	11772	0	1439	0	13211
BEARD STAFF NONE	JUDY	88486	0	11582	0	100068
BERNOVICH DES REP NONE	JOHN	12371	0	686	0	13057
BIRCH SECRETARY NONE	LAURIE	45764	0	170	0	45934

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received mo from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross Sa (before taxe other deduct (D)	es and	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
BLACKWELL ARB ADVOCATE NONE	RAY	7	3 5 5	0	2739	0	10094
BLANKENSHIP ADMIN ASST NONE	MARGARE	4 5	3 9 2	0	4 1 6	0	45808
BODNER MANAGER IR SYS NONE	LANE	7 8	599	0	1 4 6 1	0	80060
"BOHANON," SPCL ASST NONE	MICHAEL	5 8	088	0	3 1 4 3	0	6 1 2 3 1
BORSELLA ARB ADVOCATE NONE	RON	1 2	699	0	2181	0	14880

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
BOTHWELL CHARLIE ARB ADVOCATE NONE	9937	0	6483	0	16420
BOUTWELL RICHARD OWCP SPECIALIST NONE	78646	0	27545	0	106191
BOYNE MIKE NC CMTE NONE	8 1 4 7	0	6293	0	1 4 4 4 0
BROOKS SIDNEY DES REP NONE	20408	0	5303	0	25711
BROWN RODRICK PS ORG NONE	9418	0	3251	0	12669

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		Gross Salary (before taxes and other deductions) (D)					Allowances (E)	Disbursements for Official Business (F)			Other Disbursements (G)	Total (H)			_		
BROWN CUSTODIAN NONE	FRANCIS		2 4	4 1	1 1	2	0		2 4	6	1500	2	2	5	8	5	8
BRUNSON-BUCK SECRETARY NONE	LISA		4 2	 2 1	1 5	0	0			0	0		4	2	1	5	0
BULLOCK SR ACCT TECH NONE	JACQUEL		4 (6 3	3 1	6	0		8 3	0	0		4	7	1	4	6
CAMBEL SECRETARY NONE	SUSAN		4 2	2 9	9 1	3	0		2 0	1	0	•	4	3	1	1	4
CARR TELEPHONE OPRTR NONE	CONRAD		2 9	9 2	2 6	4	0			0	0		2	9	2	6	4

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

		Gross Salary (before taxes and other deductions) (D)						Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)				
CARR ARB ADVOCATE NONE	JAMES	2	3	5	5 6	3		0	1063	0	2	4	6	2	6
CASTILLO SECRETARY NONE	FRANCIS	3	3	7	7 4	6		0	0	0	3	3	7	4	6
CATALDI ARB ADVOCATE NONE	JOSEPH		7	2	2 7	2		0	3605	0	1	0	8	7	7
CHAVEZ PS ORG NONE	MARK	1	8	ξ.	5 8	2	344	0	5 2 6 7	0	2	3	8	4	9
CLARK SECRETARY NONE	YVONNE	4	7	3	3 7	5		0	837	0	4	8	2	1	2

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ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 0 0 - 5 1 0

		Gross (before other de	tax	es a	nd	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)			
COCHRAN AUDIT TECH NONE	MICHEL	3	9	3 4	4 3	0	0	0	3 9	3	4	3
COLES PS ORG NONE	LANCE	1	1	0	7 2	0	190	0	1 1	2	6	2
COLLINS MAIL RM CLERK NONE	RONALD	4	9	8	0 7	0	5886	0	5 5	6	9	3
COMITO SECRETARY NONE	TERESA	4	6	2	7 2	0	2 0	0	4 6	2	9	2
CONHEADY CONTROLLER NONE	MARK	8	7	2	3 2	0	8991	0	9 6	2	2	3

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)					Allowances (E)	Disbursements for Official Business (F)			Other Disbursements (G)	Total (H)				
CONOLLY SR STAFF ACCT NONE	ELIZABE		6 5	5 9	2	7	0	2	2 1	6 5	0		6	8 () !	9 2
COOKE ARB ADVOCATE NONE	STEVEN		9	9 6	6 2	7	0		3	9 3	0		1	0 () 2	2 0
COPELAND HELP DESK TECH NONE	MARGARE		4 4	1 0) 2	1	0			0	0		4	4 () :	2 1
CORKE DES REP NONE	KIMBERL		1 0) 3	3 1	2	0		4	4 9	0		1	0 7	7 (6 1
CRAWFORD DES REP NONE	LOUISE		g	7	' 2	9	0		4	4 7	0		1	0 -	1	7 6

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FILE NUMBER: 0 0 0 - 5 1 0

		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
CRONK DIR IT DEPT NONE	ROGER	93179	0	7 4 0 3	0	100582
CRUMP ARB ASST NONE	GERALIN	46195	0	482	0	46677
CRUZ SECRETARY NONE	LESLENE	3 9 1 0 3	0	0	3 2 9 9	42402
CUNNINGHAM SPL ASST TO PRES NONE	GWENDOL	65033	0	469	0	65502
CURTIS HELP DESK SPCLST NONE	DAVID	63383	0	13380	0	76763

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
DARBY ST CLAI DES REP NONE	9687	0	1000	0	10687
DAVIDOW SALLY DIR COMM DEPT NONE	90477	0	9 3 2	0	91409
DEJESUS SASKIA SECRETARY NONE	27766	0	0	0	27766
DELPRETE ROBERT DES REP NONE	6982	0	10241	0	17223
DEVITO RALPH ARB ADVOCATE NONE	10786	0	1835	0	12621

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(A) Name (List all employees who received me from your organization and any affiliated Organization) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross (before other de	tax	es etic	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		otal H)		
DIAZ SECRETARY NONE	SHIELA	2	0	7	9	7	0	0	0	2 (7	9	7
DIMONDSTEIN ORGANIZER NONE	MARK	5	9	3	1	9	0	40531	0	9 9	9 8	5	0
DIXON DES REP NONE	JAMES	2	9	4	1	5	0	5 5 2 6	0	3 4	1 9	4	. 1
DUNKLE SECRETARY NONE	SUSAN	4	6	6	7	2	0	0	0	4 6	6 6	7	2
DZIENGEL SECRETARY NONE	JOHANNA	3	1	4	2	3	0	0	0	3 1	1 4	2	3

POSTAL WORKERS, AMERICAN, AFL-CIO

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(A) Name (List all employees who received m from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements iates.) (if applicable)	Gro (befo		axes luct	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			tal H)		
EDWARDS ORGANIZER NONE	THOMAS		2 3	3 5	5 7	5	0	23741	0	4	1 7	7 3		1 6
EHRLICH SECRETARY NONE	JANICE		3 9	9 9	9 2	6	0	0	0	3	3 9	9 9) 2	2 6
ELESINMOGUN FILE CLERK NONE	ELIZABE		2 (В 9	7	0	0	0	0	2	2 8	3 9	3 7	7 0
EMMELL SECRETARY NONE	MICHELL		4 2	2 1	1 2	6	0	0	0	4	1 2	2 1		2 6
ENNIS LEG REP NONE	ROLAND		1 :	5 7	7 4	1	0	0	0	1	1 5	5 7	•	1 1

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(A) Name (List all employees who received in from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements iliates.) (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
ERSKINE DES REP NONE	RANNY	10354	0	5 2 5 4	0	15608
FERNANS SECRETARY NONE	CECELIA	40629	0	2 0	0	40649
FIQUEROA ARB ADVOCATE NONE	WILFRED	1 2 0 6 4	0	2 5 5	0	12319
FISHEL SECRETARY NONE	DENISE	3 9 8 2 0	0	0	0	3 9 8 2 0
FITZGERALD SYS ADMINISTR NONE	TIMOTHE	7 2 0 8 3	0	604	0	72687

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(A) Name (List all employees who received me from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements lates.) (if applicable)	Gro (befor other		xes ucti	and		Allowances (E)	foi	urser Officusine		Other Disbursen (G)				otal H)			
FOGGS SECRETARY NONE	LATOYA		4 (7	2 4	4	0			2 9		0	4	(7	Ę	5 3	
FOGGS SECRETARY NONE	PATRICI		4 4	4 8	5 4	4	0		_	C		0	4	. 4	 1 8	5	5 4	
FOSTER AST LIBRARIAN NONE	VALERIE		5	1 5	1 3	3	0			C		0	5		1 5	1	1 3	
FRANKLIN NC CMTE NONE	JANICE		1 9	9 3	1 4	4	0		7 2	9 7	,	0	2	! 6	6 6	1	l 1	-
FREGA MNT STF NONE	JOSEPH		Ş	9	3 (o	0		8 1	2 4		0	1	8	3 0	5	5 4	

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(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
FRY DARLENE ACCT TECH NONE	46322	0	273	0	46595
FUCHS EDDIE ARB ADVOCATE NONE	8880	0	10347	0	19227
GALLAGHER CAROLE SECRETARY NONE	41091	0	0	0	41091
GARCIA GRACIE SECRETARY NONE	3 0 6 1 2	0	1 8	0	30630
GARFINKEL JERALD ACCT TECH NONE	47421	0	961	0	48382

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received from your organization and any at (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements affiliates.)	(before other d	ta	xes ucti	an		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		Tot (H			
GIBSON SECRETARY NONE	JOANNE	4	4	. 2	2 2	7	0	0	0	4	4	2	2	7
GILBERT SECRETARY NONE	OLGA	4	5	5 6	6 6	8	0	778	0	4	6	4	4	6
GONZALEZ ARB ADVOCATE NONE	ROBERT	2	3	; 1	1 5	4	0	14779	0	3	7	9	3	3
GOUBEAUX SECRETARY NONE	DEBBIE	1	7	· 6	à 4	2	0	0	0	1	7	6	4	2
GUNTER ASST TO PRES NONE	MICHAEL	5	4	. 4	1 5	8	0	9319	0	6	3	7	7	7

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more that from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if application)		other d	ta:	xe: uct	s and		Allowances (E)	Disburse for Off Busin	icial ess	Other Disbursements (G)			otal H)		
HARRIS ARB ADVOCATE NONE	WILBERT	2	. 3	3 (0 0	5	0	1 (93	0	:	2 4	4 C) !	9 8
HARRIS SECRETARY NONE	LINDA	4	- 6	3 4	1 5	8	0		0	0	,	4 (6 4	 } :	 5
HEADLEY ARB INFO CLERK NONE	DARLENE	3	- 7	7 2	2 6	3	0		0	0		3	7 2	2 1	6 3
HEATLEY ADMIN ASST NONE	NATALIE	5	5 1	2	2 8	6	0	•	676	0		5	1 9)	6 2
HENDERSON NC CMTE NONE	MIKE	4	. 1	(7	9	0	3 2 6	6 2 6	0		7	3 7	•	0 5

ORGANIZATION NAME:
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(A) Name (List all employees who received more to from your organization and any affiliates) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if a		Gross S (before tax other dedu (D)	ces a	and	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
HENDERSON ORGANIZER NONE	ELAINE	8	7	4 6	0	5 2 5 7	0	140	0 3
HENDERSON ORGANIZER NONE	DANIEL	8	7	4 6	0	7907	0	166	5 3
HICKS SECRETARY NONE	CAVIL	4 1	4	2 6	0	6 0	0	414	8 6
HIGHT SECRETARY NONE	DIANNE	4 4	2	4 3	0	0	0	442	4 3
HILEMAN SECRETARY NONE	MARY	1 7	6	0 3	0	0	0	176	0 3

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HISSAM ARB ADVOCATE NONE	EMEL	2	4	8	8	თ	0	8265	0	3	3	1	4	8
HOEGER ARB SPECIALIST NONE	NINA	4	3	0	0	9	0	0	0	4	3	0	0	9
HOWEY LEG REP NONE	RNADY	1	4	4	1	1	0	8 3 7	0	1	5	2	4	8
HUBBARD SECRETARY NONE	PAULETT	3	9	5	5	9	0	0	0	3	9	5	5	9
HUMPHREY SECRETARY NONE	JAMIE	2	6	2	0	1	0	0	0	2	6	2	0	1

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(A) Name (List all employees who received more from your organization and any affiliate) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross (before to other de	axes	s and	Allowances (E)	Bus	seme Officia siness F)	d	Other Disbursements (G)			otal H)	_	
HUNTER ARB ADVOCATE NONE	PAMELA	2	0 6	307	0	5	0 1	6	0	2	2 5	5 6	1 2	2 3
INGRAM SECRETARY NONE	SHARON	4	3 7	7 5 7	0		7 1	3	0	4	ļ 4	1 4	. 7	7 0
IZZO SECRETARY NONE	CHERYLE	3	6 9	991	0			0	0	3	3 6	3 9	, (€ 1
JACKSON SECRETARY NONE	WANDA	4	8 () 5 1	0		5 0	5	0	4		3 5		5 6
JACOBS ARB ADVOCATE NONE	FREDRIC	1	7 5	5 3 8	0	1	7 9) 1	0	1	9	3	3 2	2 9

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(A) Name (List all employees who received more the from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if application)		- (beto	ross S ore ta r ded (D)	kes uctio	and		Alfowances (E)	D	sburser for Offi Busine (F)	cial	Othe Disbursen (G)				tal		
JAIME ACCT TECH NONE	ANDREW		4 3	8	9	2	0	i.	7	6 0		0	4	4	6		5 2
JARRELL MNT STF NONE	ROBERT		6	5 5	9	3	0	3	4 1	0 3		0	1	C) 6	; (9 6
JOHNSON ARB ADVOCATE NONE	ROBERT		5 6	3	7	4	0		1 0 7	6 9		0	6	7	' 1		4 3
JOHNSON SPECIAL ASSISTAN NONE	LAVERN		1	1	6	6	0			0	3 0 4	8 0	3	1	6	i 4	4 6
JOHNSON LIBRARIAN NONE	EVELYN		7 3	1	0	2	0		2 2	0 1		0	7	5	5 3	. (0 3

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(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
JONES WINTHRO RANK & FILE NONE	1 0 4 4 2	0	1290	0	11732
JONES CHRISTA SECRETARY NONE	3 8 7 5 4	0	0	0	38754
JONES ANGELA SECRETARY NONE	43871	0	193	0	44064
KELBLE KENNETH ARB ADVOCATE NONE	25763	0	2576	0	28339
KENNEDY WILHELM SECRETARY NONE	45542	0	563	0	46105

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross (before other de	tax	es icti	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			ota (H)	ı		
KING ARB ADVOCATE NONE	KATRINA	2	1	3	1	6	0	5920	0	:	2	7	2	3	6
KIRBY ARB ADVOCATE NONE	GREGORY		9	5	0	0	0	4747	0		1	4	2	4	7
KMAN CLERK PER CAP NONE	GLORIA	3	9	9	3	3	0	0	0		3	9 '	9	3	3
KUMLACHEW MAILROOM CLERK NONE	TADESSE	4	2	4	0	9	0	768	0		4	3	1	7	7
LAPOINT ARB ADVOCATE NONE	MICHAEL	1	2	1	6	5	0	6501	0		1	8	6	6	6

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(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
LASALLE WILLIAM PS ORG NONE	1 2 6 7 5	0	11161	0	23836
LATNEY SAM PRINT SHOP CLERK NONE	57048	0	369	0	57417
LAYMAN SALLY SECRETARY NONE	3 8 8 1 0	0	0	0	38810
LEICHT PETER ACCT TECH NONE	46144	0	0	3 5 2 6	49670
LENNOX JUDITH SECRETARY NONE	3 9 7 4 1	0	0	0	3 9 7 4 1

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(A) Name (List all employees who received more than \$10 from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross (before other de	tax	es ctic	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		To (F			
LESIW ATTORNEY NONE	ROMAN	6	3	2	0	7	0	0	0	6	3	2	(7
LEWIS SECRETARY NONE	BARBARA	4	4	8	7	6	0	0	0	4	4	8	7	7 6
LITTLE "SECRETARY, DANV NONE	DALIA	4	6	2	4	6	0	0	0	4	6	2		1 6
LIVINGSTON "SECRETARY, RETI NONE	ROSA	4	5	8	5	8	0	0	0	4		8		5 8
LUTTRELL ARB ADVOCATE NONE	PATRICI		7	6	4	5	0	4276	0	1	1 1	9	2	2 1

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received more than \$10,000 in total distinct from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MADDOX KAREN ARB ADVOCATE NONE	9196	0	1461	0	10657
MAIER THOMAS RI-399 ADVOCATE NONE	8 2 5 2	0	4 3 5 1	0	1 2 6 0 3
MAKEREWICZ RICHARD ARB ADVOCATE NONE	1 1 8 5 0	0	1040	0	12890
MALONE JAMES ARB ADVOCATE NONE	1 4 2 5 7	0	0	0	1 4 2 5 7
MARQUES MARY SECRETARY NONE	40086	0	0	0	40086

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received mo from your organization and any affilia (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	re than \$10,000 in total disbursements ates.) (if applicable)	Gro (befor other	e ta	xe uc	s ar	nd		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Tot (H		•	
MARSHALL SECRETARY NONE	BRENDA		3 8	3 :	3 9	8 (0	0	0	3 8	3	9	œ
MARTIN AUDIT TECH NONE	DERRICK	·	3 8	3 9	9 9	9 8		0	0	0	3 8	9	9	8
MARTIN SPL ASST NONE	MICHAEL	4	4 4	1 9	9 1	5	f	0	9 1 9	0	4 5	8	3	4
MARTIN ARB ADVOCATE NONE	LARRY		1 1	1	7 7	7		0	1015	0	1 2	7	9	2
MARTINEZ NC CMTE NONE	VIRGINI		2 2	2 4	 4 4	1 6		0	17718	0	4 0	1	6	4

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MAURER WAYNE ARB ADVOCATE NONE	15990	0	1778	0	17768
MCKEE IRENE SECRETARY NONE	47958	0	8 9 2	0	48850
MCKOY ERICA ACCT TECH NONE	4 4 9 1 9	0	765	0	45684
MICELI MARIO ARB ADVOCATE NONE	2 1 5 1 0	0	16582	0	38092
MILLER SCOTT ARB ADVOCATE NONE	3 0 2 4 6	0	10893	0	41139

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ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MILLER RHONDA SECRETARY NONE	3 8 0 5 7	0	0	0	38057
MOHL ALLEN NC CMTE NONE	2 1 6 5 7	0	24091	0	45748
MOORE ROBERT NC CMTE NONE	15724	0	14071	0	29795
MURRAY DECLAN ASSISTANT TO ST NONE	92733	0	16592	0	109325
MUSUMECI JAMES ARB ADVOCATE NONE	11734	0	1518	0	13252

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received me from your organization and any affiliated Organization (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross (before other de	tax	xes uct	s and		Allowances (E)	sburse for Offi Busine (F)	cia ess	1	Othe Disburse (G)	ments		otal H)		
NARAYANAN PROGRAMMER NONE	HRUUMAM	6	6	7	7 2	5	0	1 9	5	0	3 5	5 0	7 2	2 2	2 :	2 5
NESTOR SECRETARY NONE	ROMANAH	3	9) 6	3 O	1	0			0		0	3 9	9 6	à (0 1
NEW PRINT SHOP CLERK NONE	DWAYNE	4	7	' 6	3 4	4	0	1 0	C	1		0	4 8	В 6	— }	4 5
NICHOLSON CLERK NONE	LAGENA	4	6	i 1	1 6	9	0	5	. 3	7		0	4 (6 7	7	0 6
NOYES MAILROOM COORD NONE	JOSEPH	4	4	. (0 8	3	0	3	7	2		0	4 4	4 4	ļ ,	5 5

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received me from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
OHEARN ARB ADVOCATE NONE	MICHEAL	9067	0	5047	0	14114
PAHOLSKI MAILROOM CLERK NONE	LAURA	45752	0	6 4 8	0	46400
PALMER DES REP NONE	JOHN	6648	0	6721	0	13369
PANNELL SECRETARY NONE	KAREN	4 4 6 8 0	0	991	0	45671
PARRISH ARB ADVOCATE NONE	WILLIAM	2 4 7 2 1	0	19946	0	44667

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received from your organization and any at (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements (filiates.)	Gro (befor other	e ta	ixe luc	es a	nd		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			To (F			
PARRISH EXEC AST ST NONE	GARY		9 9	9	7	1 2	2	0	3036	0	1	0	2	7	· 4	18
PASCAL ARB ADVOCATE NONE	LILLIAN		1 2	2	6	7 3	3	0	0	0		1	2	6	· -	7 3
PATTERSON SECRETARY NONE	MATILDA		3 9	9	2 :	3 5	5	0	0	0		3	9	2	? (3 5
PEARSON SECRETARY NONE	SUE		4 2	2	4 2	2 1	1	0	0	0		4	2	4	. 2	2 1
PEETOOM SECRETARY NONE	SUSAN		4 4	4	8 :	3 7	7	0	0	0		4	4	8	;	3 7

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received more than \$10,000 in total disbution from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
PERRY STEVE M ROOM SUPERVI NONE	67763	0	0	0	67763
PHILLIPS VEERA SECRETARY NONE	26912	0	0	0	26912
PITCHALONIS CHARLES ARB ADVOCATE NONE	15325	0	2141	0	17466
PROTHRO BARBARA TRUSTEE NONE	7 1 5 3 8	0	57963	0	1 2 9 5 0 1
PRUSAK GEORGE DES REP NONE	1 4 3 7 3	0	1733	0	16106

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$ from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if application)		Gross Sa (before tax other dedu (D)	es and ctions)		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
PYZEWSKI TRUSTEE NONE	DAVE	7	6 3	3	0	4404	0	1203	7
RADOVICH PS ORG NONE	JOSEPH	9	8 7	6	0	4060	0	1 3 9 3	6
RAGER SECRETARY NONE	PATRICI	4 2	8 0	2	0	706	0	4350	8
RASMUSSEN SECRETARY NONE	GALE	4 5	4 0	8	0	0	0	4540	8
REICHERT NC CMTE NONE	THEODOR	9	3 4	0	0	4461	0	1380	1

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
RENSHAW DAVID ARB ADVOCATE NONE	1 4 9 4 3	0	1895	0	16838
REYES-LEBRON ILUMINA SECRETARY NONE	42450	0	1 5	0	42465
RICE MARNETT SECRETARY NONE	37452	0	667	0	38119
ROBINSON ROSEMAR AUDIT TECH NONE	43116	0	6 8	0	43184
ROLLINS FREDRIC ARB ADVOCATE NONE	8 1 8 6	0	2500	0	10686

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(A) Name (List all employees who received in from your organization and any after (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements filiates.) (if applicable)	Gross (before to other dec	axe:	s and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
ROWE ARB ADVOCATE NONE	MARK		9 8	8 0	5	0	2022	0	1 1 8 2	7
SANTA SECRETARY NONE	DEBBIE	4 :	3 (8 0	7	0	0	0	4 3 0 8	7
SAPP ARB ADVOCATE NONE	DOUGLAS	1 :	2 (3 5	7	0	782	0	1343	9
SAVAL HR MANAGER NONE	LEAH	5 (6 4	4 4	5	0	8 5 6	0	5730	1
SAWATZKY SECRETARY NONE	CONNIE	4	1 4	4 6	0	0	1 6	0	4147	6

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received mo from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	re than \$10,000 in total disbursements ates.) (if applicable)	Gro (befor other		uc uc	s an		Allowances (E)	Bus	semei official iness		Other Disbursements (G)			otal H)		
SCUTT ARB ADVOCATE NONE	WILLIAM		1 2	2 -	7 1	9	0	2	3 3	2	0	,	1 :	5 0) {	5 1
SELZNICK ARB ADVOCATE NONE	FREDERI		1 8	3 4	4 3	4	0	7	0 8	6	0		2 ;	 5	5 2	2 0
SEVRE LEG REP NONE	DONALD		1 7	7 (9 7	5	0		4 1	1	0		1 7	В 3	8 8	3 6
SHIELDS SECRETARY NONE	PATRICI		4 1	1	1 3	8	0			0	0	•	4	1 1	1 :	3 8
SHODDER SECRETARY NONE	APPLEGA		1 8	3	7 7	3	0			0	0		1 :	8 7	, -	7 3

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FILE NUMBER: 0 0 0 - 5 1 0

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	re than \$10,000 in total disbursements tes.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
SINGER ASST CONTROLLER NONE	LAURIE	76696	0	2650	0	79346
SINGLETON SECRETARY NONE	VALERIE	3 0 5 0 4	0	1 3 7	0	3 0 6 4 1
SMITH PS ORG NONE	TIMMY	20980	0	1643	0	22623
SMITH PC SPECIALIST NONE	MERIKA	5 2 6 6 3	0	4 3 9	3377	56479
SMITH DIR RET DEPT NONE	JOHN	89176	0	25605	0	114781

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POSTAL WORKERS, AMERICAN, AFL-CIO

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(A) Name (List all employees who received m from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements iates.) (if applicable)	Gross (before t other de	axe	es ar	nd	Allowances (E)	Disburse for Off Busin	icial ess	Other Disbursements (G)		Tot (H			
SORRELLS DES REP	LARRY	1	2	0 0	2	0	7 4	174	0	1	9	4	7	6
SPECK SECRETARY NONE	KATHERI	5	5	1 () 5	0	2 2	2 7 5	0	5	7	3	8	0
SPINA SECRETARY NONE	ROSALIN	4	2	0 9) 1	0		0	0	4	2	0	9	1
SPINO SECRETARY NONE	CATHERI	4	4	8 7	' 5	0		0	0	4	4	8	7	5
SPRINGER HELP DESK TECH NONE	TERRANC	3	9	0 5	5 0	0	7 8	366	0	4	. 6	9	1	6

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(A) Name (List all employees who received from your organization and any at (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	more than \$10,000 in total disbursements filiates.) (if applicable)	(before other de	tax	es ar		Allowances (E)	Disburs for O Busi (F	fficial ness	ts	Other Disbursements (G)		otal		
STEWART RI-399 ADVOCATE NONE	ROOSEVE		9	3 0) 4	0	3	2 6	8	0	1 :	2	5	7 2
STRAPKOVIC ARB ADVOCATE NONE	том		9	5 3	3 9	0	2	3 5	9	0	1	1 1	3	9 8
SUMMERS SECRETARY NONE	ADA	4	2	2 5	5 1	0		6 2	8	0	4 :	2 1	3	7 9
SUNDGAARD ARB ADVOCATE NONE	CHARLES		9	4 2	2 3	0		7 1	3	0	1	0	1	3 6
SUSLAK ARB ADVOCATE NONE	RON	1	1	6 3	3 0	0	5	0 1	0	0	1	6 (3	4 0

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(A) Name (List all employees who received m from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	nore than \$10,000 in total disbursements iliates.)	Gro (befo other		xes uct	s and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)			otal H)		
SWIGERT ARB ADVOCATE NONE	ELIZABE		1 2	2 1	1 4	0	0	3 0 8	0	1	1 2	2 4	. 4	1 8
TABBITA AST TO THE PRES NONE	PHILLIP		9 6	 6 8	€ 0	7	0	5 1 6 8	0	1 0) 2	2 0) 7	7 5
TAFF ARB ADVOCATE NONE	DENNIS		Ş	9 1	1 9	8	0	6 4 1 5	0	1	 i	5 6	;	1 3
TERRELL SECRETARY NONE	HYACINT		4 ′	1 8	3 2	3	0	0	0	4	 l 1	 8 8	3 2	2 3
TERRWISCHA SECRETARY NONE	ANDREA		3 9	9 3	3 0	9	0	4 8	0	3	3 9	9 3		5 7

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
THERMIDOR YANICK SECRETARY NONE	40507	0	0	0	40507
THOMASON MONICA SECRETARY NONE	46058	0	3 0	0	46088
THOMPSON TAMARA ARB ADVOCATE NONE	2 4 8 1 1	0	2475	0	27286
THOMPSON WARREN PRIN INVSTGTR NONE	7 5 8 1 7	0	6278	0	82095
THROWER ATHENA SECRETARY NONE	3 9 7 9 8	0	0	0	39798

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(A) Name (List all employees who received m from your organization and any affilial (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements ates.) (if applicable)	Gross Salary (before taxes an other deduction (D)	nd	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
TIJERINA ARB ADVOCATE NONE	JUAN	2 4 8 2	2 8	0	15138	0	39966
TILLMAN ARB ADVOCATE NONE	CHARLES	2 2 0 5	5 4	0	2043	0	24097
TODD LEG REP NONE	BRADLEY	1 5 2 1	1 9	0	1 0 4	0	15323
TOLBERT-WITH ARB ADVOCATE NONE	SARA	760	9	0	2952	0	10561
TROY SECRETARY NONE	ELYSIA	3 2 0 8	3 9	0	0	0	32089

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(A) Name (List all employees who received more than \$10,0 from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes an other deductions (D)		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
TUTTLE I	ANDREW	1 4 4 5	7	0	0	0	14457
VEVE SECRETARY NONE	YVONNE	3860	7	0	0	0	38607
WAHID I SECRETARY NONE	NARDA	3998	8	0	0	0	39988
WALKER ZOUTH TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTA	AUDREY	3 4 3 5	2	0	0	0	3 4 3 5 2
WALZ SECRETARY NONE	SANDRA	4015	0	0	0	0	40150

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(A) Name (List all employees who received more from your organization and any affiliate (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if		Gross (before other de	lax	es	and		Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)		Tota (H			
WARD SECRETARY NONE	DIANNA	4	2	4	6	6	0	0	0	4	2	4	6	6
WARREN SECRETARY NONE	BONITA	3	8	3	4	1	0	0	0	3	8	3	4	1
WASHINGTON SUPPORT ANALYST NONE	KENNETH	5	1	8	1	9	0	2361	0	5	4	1	8	0
WHEELER ATTORNEY NONE	MARY	6	3	2	9	7	0	4 0	0	6	3	3	3	7
WHITE SECRETARY NONE	BERNADE	3	9	1	7	6	0	5 4 2	0	3	9	7	1	8

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(A) Name (List all employees who received m from your organization and any affil (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization	ore than \$10,000 in total disbursements liates.) (if applicable)	Gross (before other de	tax	es a	nd	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
WHITFIELD SECRETARY NONE	BERNICE	5	1	4 8	3 8	0	0	1500	5 2 9 8 8
WILLIAMS NC CMTE NONE	NATHAN	4	9	8 4	1 5	0	14799	0	64644
WILLIAMS SECRETARY NONE	CALLIE	3	8	7 1	1 7	0	0	0	38717
WISER SECRETARY NONE	SHARON	4	4	5 7	7 0	0	0	0	44570
WOODS-MASON DES REP NONE	KAREN	1	6	2 2	2 2	0	1657	0	17879

ORGANIZATION NAME:	_
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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

	OITOLINE ITTO						_							
(A) Name (List all employees who received more to from your organization and any affiliates	han \$10,000 in total disbursements .)	G (bef			Gross Salary fore taxes and				Disbursements for Official	Other				
(B) Position (Enter employee's job title.)		other deductions)			Allowances		Disbursements	l t	otal					
(C) Name of Affiliated Organization (if applicable)		<u> </u>	(D)				(E)	(F)	(G)	(H)			
WOSTREL	LEESA		3	8	7	5	7	0	0	0	3	8 7	' 5	5 7
SECRETARY											•			
NONE														
YACCARINO	ROBERT		1	1	8	4	1	0	0	0	1	1 8	3 4	. 1
ARB ADVOCATE														
NONE														
					•		_							_

POSTAL WORKERS, AMERICAN, AFL-CIO	
NDING DATE OF PERIOD COVERED:	

SCHEDULE 11 – BENEFITS (continued)

Description (A)	Description To Whom Paid (A) (B)			Amount (C)					
DENTAL PLAN		INSURANCE COMPANIES		6	8	7	2	6	
						.,,,,,,,,,,			
							-		
						-			
									
							_		

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

SCHEDULE 13 - OFFICE	COLA	וטו	VIII	MI)	K	4 1 1
Description (A)				ount B)			'
REPAIR AND MAINTENANCE	1	0	1	9	6	1	8
PRINTING		6	7	7	5	0	2
TEMPORARY HELP				2	7	9	0
CONFERENCES, MEETINGS		3	9	3	5	2	3
PUBLICATIONS AND SUBSCRIPTIONS			8	5	3	2	2
OFFICE MAINTENANCE		2	0	3	0	7	5
MEMBERSHIP CARDS			8	5	7	8	4
BANK SERVICE CHARGES			9	3	5	7	2
LEASE COMMISSIONS		-	2	8	6	0	9
BUILDING MAINTENANCE		1	0	6	2	2	1
BUILDING SECURITY			5	9	9	8	8
BUILDING UTILITIES		3	0	6	2	2	6
BUILDING CLEANING		1	3	5	2	4	5
BUILDING ADMIN EXPENSES		1	6	3	5	9	5
		,,,,		-			
		_					
	<u> </u>						

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 15 – OTHER DISBURSEMENTS (continued)

Description (A)				ouni B)	Ì		
TRUSTEESHIP EXPENSES		2	5	8	6	7	3
UNION INDUSTRIES ACTIVITIES			2	0	8	5	0
REFUNDS OF PER CAPITA TAXES			4	0	6	1	2
SCHOLARSHIP AWARDS			5	5	0	0	0
PAID TO LOCAL UNIONS				4	0	7	8
PRINCIPAL PAYMENTS ON MORTGAGE		5	7	2	7	6	0
TRAVEL (NON-ALLOCABLE)	4	1 1	2	5	4	9	6
INTEREST		5	4	1	5	0	8
			•	·			
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			•				

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount.		Loans Outstanding at	Loans Made	Repayments Rece	Loans Outstanding at	
003	(A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
4.	Name: RICHARD CANTU Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	6 0 0	0	0	6 0 0	0
5.	Name: SUSAN CARNEY Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2000	0	2000	0	0
6.	Name: MYRNA CARRASQUILLO Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	7 0 0	0	0	700	0
7.	Name: CARL CASILLAS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 1 5	0	3 1 5	0	0

POSTAL WORKERS, AMERICAN, AFL-CIO

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SCHEDULE 1 – LOANS RECEIVABLE (continued)

mem	ow loans to officers, employees, or ers which at any time during the reporting exceeded \$250 and list all loans to see enterprises regardless of amount.		Loans Made	Repayments Recei		Loans Outstanding at
busii	(A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
8.	Name: CHERYL CHAMBERLAIN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1 3 0 6	0	0	1 3 0 6	0
9.	Name: VELMA CHISM Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	5 0 0	0	0	5 0 0	0
10.	Name: MARK DIMONDSTEIN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	4 8 6	0	4 8 6	0	0
11.	Name: MIKE DIXON Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2000	0	0	2000	0

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

12/31/2002

SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reporti period exceeded \$250 and list all loans to	ng Loans Outstanding at	Loans Made	Repayments Rece	Loans Outstanding at		
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)	
12. Name: LEONA DRAPER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	7 5 0	0	9	7 4 1	0	
13. Name: TOM FAHEY Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 0 4	0	3 0 4	0	0	
14. Name: ANGELETTE HUSH Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 0 0	0	0	3 0 0	0	
15. Name: WARREN JACKSON Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	9 2 4	0	9 2 4	0	0	

ORGAN	IZATION	NAME:

POSTAL WORKERS, AMERICAN, AFL-CIO

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mem	pelow loans to officers, employees, or obers which at any time during the reporting of exceeded \$250 and list all loans to	Loans	Loans Made	Repayments Recei	ived During Period	Loans Outstanding at	
busir	ness enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)	
16.	Name: SANDRA JONES-DAVIS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1500	0	0	1 5 0 0	0	
17.	Name: JEFF KEHLERT Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2000	0	2 0 0 0	0	0	
18.	Name: THOMAS LAFAUCI Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2 1 9 4	0	0	2 1 9 4	0	
19.	Name: SAM LISENBE Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3539	0	3 5 3 9	0	0	

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to		Loans Outstanding at	Loans Made	Repayments Rece	ived During Period	Loans Outstanding at	
busir	ness enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)	
20.	Name: VICKEY LLOYD Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	8 9 1	0	0	8 9 1	0	
21.	Name: TJ LOPEZ Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2214	0	2 2 8	1986	0	
22.	Name: THOMAS MAIER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	5 1 4	0	0	5 1 4	0	
23.	Name: JOHN MCGOVERN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1500	0	0	1 5 0 0	0	

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans Outstanding at	Loans Made	Repayments Rece	ived During Period	Loans Outstanding at
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
24. Name: CHIP MCVAY Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	4 0 0	0	4 0 0	0	0
25. Name: VALERIE MEALY Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	8 0 0	0	0	800	0
26. Name: MORLINE MOORE Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	7 3 1	0	7 3 1	0	0
27. Name: ANDREA NIEMCZYCKI Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	288	0	0	288	0

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ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

mem perio	elow loans to officers, employees, or pers which at any time during the reporting d exceeded \$250 and list all loans to	Loans Outstanding at	Loans Made	Repayments Rece	ved During Period	Loans Outstanding at
busin	ess enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
28.	Name: GEOFF PACHECO Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1500	0	0	1500	0
29.	Name: GREG POFERL Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1 2 5 9	0	1 2 5 9	0	0
30.	Name: DANIEL POWERS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	8 0 0	0	7 6 2	3 8	0
31.	Name: FRANK ROMERO Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1948	0	1 9 2 2	2 6	0

POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans Outstanding at	Loans Made	Repayments Rece	Loans Outstanding at	
business enterprises regardless of amount. (A) Outs Start	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
32. Name: ALLAN ROSS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1 0 8 4	0	1 0 8 4	0	0
33. Name: MANUEL SABLAN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 0 0	0	0	3 0 0	0
34. Name: GWENDOLYN SCOTT Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	8 0 0	0	8 0 0	0	0
35. Name: EVANGELINE SEEGER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1000	0	0	1 0 0 0	0

POSTAL WORKERS, AMERICAN, AFL-CIO

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SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reportir period exceeded \$250 and list all loans to	Luans	Loans Made	Repayments Rece	ived During Period	Loans Outstanding at
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
36. Name: EDMOND SMITH Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	5 0 0	0	0	5 0 0	0
37. Name: VANCE SMITH Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1000	0	0	1000	0
38. Name: KAYE STRAWTHER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2 5 0	0	0	2 5 0	0
39. Name: WILLIAM SULLIVAN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2932	0	2932	0	0

POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 1 – LOANS RECEIVABLE (continued)

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to		Loans Outstanding at	Loans Made	Repayments Receiv		Loans Outstanding at
busir	ness enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
40.	Name: MICHELLE THOMAS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1000	0	1 0 0 0	0	0
41.	Name: SONNY TREXLER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1000	0	0	1 0 0 0	0
42.	Name: CARGIE VAUGHN Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	4 1 2	0	4 1 2	0	0
43.	Name: CINDY VIGIL Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 0 0	0	0	3 0 0	0

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to		Loans Outstanding at	Loans Made	Repayments Rece	Loans Outstanding at	
busir	business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
44.	Name: DONNETTA WEAVER Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	260	0	260	0	0
45.	Name: KEVIN WELCH Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	8 0 0	0	0	8 0 0	0
46.	Name: CHARLES WILCOX Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	7 0 3	0	7 0 3	0	0
47.	Name: EDGER WILLIAMS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	2000	0	2000	0	0

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12/31/2002

FILE NUMBER: 0 0 0 - 5 1 0

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans	Loans Made	Repayments Recei	ved During Period	Loans Outstanding at
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
48. Name: KENNETH WISE Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	1000	0	0	1 0 0 0	0
49. Name: MICHAEL WOODS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	4 5 0	0	0	4 5 0	0
50. Name: DOLORES YOUNG Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	3 5 0	0	2 0	3 3 0	0
51. Name: STEVE ZAMANAKOS Purpose: TRAVEL ADVANCE Security: NONE Terms: NONE	5 6 0	0	5 6 0	0	0

ORGANIZATION NAME:	
POSTAL WORKERS, AMERICAN, AFL-CIO	
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SCHEDULE 5 - FIXED ASSETS: LAND (continued)

Description of Land (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
12345 N COLUMBIA PK SIL SP MD	200000		200000	

ORGANIZATION NAME:
POSTAL WORKERS, AMERICAN, AFL-CIO
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SCHEDULE 5 – FIXED ASSETS: BUILDINGS (continued)

Description of Buildings (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
12345 N COLUMBIA PK SIL SP MD	2799232	2750770	48462	
	_			· · · · · · · · · · · · · · · · · · ·
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POSTAL WORKERS, AMERICAN, AFL-CIO

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FILE NUMBER: 0 0 0 - 5 1 0

75. ADDITIONAL INFORMATION (continued)

Reconciliation of investments			
	Investments	US Treasur Securities	у
Fair value at 12/31/02 Purchases of investments	\$3,222,158 8,649,184	\$3,068,325 2,604,331	
SFAS No 124 Adj (change in FV)	292,684	24,445	Non-cash
Sales proceeds Realized gain on sale of inv	(4,155,533) 43,532	(4,204,185) 71,636	Sch 6 N/A
Fair value at 12/31/02	\$8,052,025	\$1,565,552	Statement A
Cost at 12/31/02	\$3,156,599	\$3,051,163	
Purchases of investments	8,649,184	2,604,331	Sch 7
Sales, at cost	(4,112,001)	(4,132,549)	
Cost at 12/31/02	\$7,693,782	\$1,522,945	

ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO	F
ENDING DATE OF PERIOD COVERED:	
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75. ADDITIONAL INFORMATION (continued)

Item Number	
1D(2)	APWU wrote off the outstanding traval advances that were deemed uncollectible.
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Form LM-2 (Revised 2000)

DRGANIZATION NAME:	
POSTAL WORKERS, AMERICAN, AFL-CIO	
ENDING DATE OF PERIOD COVERED:	

Item Number	DDITIONAL INFORMATION (continued)
10	The APWU Holding Corp is considered a "subsidiary organization." The Holding Corp is exempt from federal income taxes, except on net income from unrelated business activities, if any, under Section 501(c)(2) of the Internal Revenue Code. The principal officers of the Holding Corp are the same as APWU. The Holding Corp's assets and liabilities and receipts and disbursements are included in this Form LM-2. During the year ended December 31, 2001, the Holding Corp filed a separate LM-2 (File Number 000-510).
	The Hallbeck Scholarship Fund is also considered a "subsidiary organization." The Scholarship Fund is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The principal officers of the Scholarship Fund are the same as APWU. The Scholarship Fund's assets and liabilities and receipts and disbursements are included in this Form LM-2.

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75. ADDITIONAL INFORMATION (continued)

Item Number

11

The APWU sponsors the APWU AFL-CIO, Health Plan which operates under the Federal Employees Health Benefit Act of 1959. The Plan is located at 12345 New Columbia Pike, Silver Spring, Maryland. The health benefit plan, known as the federal plan, insures postal and federal employees who are current members of the union as well as eligible dependents. It is financed in part through a negotiated contribution made by the federal government or the United States Postal Service and in part through employees' payroll deductions. EIN 52-0940594

The APWU Officers' Qualified Retirement Plan provides retirement benefits to elected full time officers, appointed staff and elected full time officers of the locals who elect to participate; EIN 52-6130923

The APWU Employees' Retirement Plan provides retirement benefits to employees of the headquarters and field offices who are also members of the Office and Professional Employees International Union; EIN 52-6100773

The APWU Employees' Retirement 401(k) Plan provides employees who are also members of the Office and Professional Employees International Union the opportunity to save for retirement on a tax deferred basis; EIN 52-0913725

The APWU CWA Guild 401(k) Plan provides employees who are also members of Communication Workers of America, the opportunity to save for retirement on a tax deferred basis: EIN 52-0913725

The above four Plans are located at 1301 L Street, N.W., Washington, DC 20006

ORGANIZATION NAME:	
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	DITIONAL INFORMATION (continued)
Item Number 12	The American Postal Workers Union Committee on Political Action (COPA) receives voluntary contributions from members. The COPA make contributions to the campaigns of selected cadidates running for the United States Congress. The COPA is located at 1300 L Street, N.W., Washington, DC 20005.
	The American Postal Workers Union Committee on Political Education (COPE) educates the public through involvement in political activities. The COPE expends funds for "get out the vote" campaigns as well as issue oriented promotions. The COPE is located at 1300 L Street, N.W Washington, DC 20005. The COPE had no activity during 2002.
	The COPA Fund files reports with the Federal Election Commission, therefore its activity has been excluded from this Form LM-2. In addition the COPA filed with the following state agency - Michigan.

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DRGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO	
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75. ADDITIONAL INFORMATION (continued)

em Number 13	Depreciation expense for the year ended December 31, 2002 was \$1,029,938.
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75. ADDITIONAL INFORMATION(continued)

Number	THE STATE OF A PRODUCT OF A PRO
14	The financial statements of the APWU were audited by the independent public accounting firm of Calibre CPA Group PLLC for the year ended December 31, 2002.
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ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO	
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75. ADDITIONAL INFORMATION (continued)

em Number	DITIONAL INFORMATION (COntinued)
15	A laptop computer was stolen which had an original cost of \$3,370, with a net book value of \$2,022. There are no proceeds from this loss.
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75. ADDITIONAL INFORMATION (continued)

Item Number		
22	See attached copies of the constitution.	
m LM-2 (Revise	ed 2000) 4 - I75	

ORGANIZATION NAME:
POSTAL WORKERS, AMERICAN, AFL-CIO
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5. AD	
	The APWU is contingently liable as a guarantor on an outstanding mortgage loan owed by its susidiary, the American Postal Workers Union Holding Corporation which is consolidated in this LM-2. The loan was made by Sun Trust Bank in the amount of \$6,924,361 at December 31, 2002.

ORGANIZATION NAME:	
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1 0017/12 1107/11/21/10/11/17/11 2 0/0	
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12/31/2002	
12/01/2002	

Item Number	DITIONAL INFORMATION (continued)
24	APWU has been named as defendant, or co-defendant, in several lawsuits. None of these actions have been finally determined, and, therefore the amount of any judgement are not presently determinable. In the opinion of counsel and management, APWU has adequate defenses for all actions and should not be liable for any significant amounts.
:	

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ORGANIZATION NAME: POSTAL WORKERS, AMERICAN, AFL-CIO

ENDING DATE OF PERIOD COVERED:

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75. ADDITIONAL INFORMATION

Statement A - Assets and Li	abilities				
Line No.	As Previously Reported 12/31/2001	Reclassification of APWU	Addition of Holding Corp	Addition of Scholarship Fund	As Restated 01/01/2002
25 Cash	10,288,005	(6,094,853)	662,745	921,002	5,776,899
26 Accounts Receivable	1,041,745	(613,890)	0	0	427,855
27 Loans Receivable	0	50,772	0	0	50,772
28 U.S. Treasury Securities	es 0	3,068,325	0	0	3,068,325
29 Investments	6,298,691	3,065,305	(6,141,840)	0	3,222,158
30 Fixed Assets	3,072,303	0	15,358,789	0	18,431,092
31 Other Assets	1,162	0	42,016	0	43,178
32 Total Assets	20,701,906	(524,341)	9,921,710	921,002	31,020,278
33 Accounts Payable	94,460	0	0	0	94,460
34 Loans Payable	355,868	(355,868)	0	0	0
35 Mortgages Payable	0	0	7,497,121	0	7,497,121
36 Other Liabilities	2,717,802		0	0	2,717,803

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POSTAL WORKERS, AMERICAN, AFL-CIO	
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75. ADDITIONAL INFORMATION (continued)

em Number	
56	The operating and maintenance costs of automobiles, used by officers more than 50% of the time for union business, have been included in colulm (f). These automobiles were also used for personal business on a deminimus basis.

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